

## Notice of Party Nomination Method - 2015 Election for House of Delegates

PRIMARIES WILL BE CALLED IF THE NOTICE FOR THE DISTRICT IS RECEIVED BY THE DEPARTMENT OF ELECTIONS  
**NO EARLIER THAN WEDNESDAY, FEBRUARY 4<sup>TH</sup> OR BY NO LATER THAN TUESDAY, FEBRUARY 24, 2015.**  
IT MAY BE FAXED TO US AT **804-371-0194** OR EMAILED TO [matt.abell@elections.virginia.gov](mailto:matt.abell@elections.virginia.gov) OR [info@elections.virginia.gov](mailto:info@elections.virginia.gov).

I, the undersigned Chairman of the \_\_\_\_\_ Party Committee of the House District indicated below, do hereby  
ENTER DEMOCRATIC OR REPUBLICAN, AS APPROPRIATE

certify to the Department of Elections that: [CHECK ONE]

- ☐ The incumbent is of my party, **is seeking re-election** and has designated the method of nomination indicated below.
- ☐ The incumbent is of my party, **is seeking re-election** and has not designated the method of nomination. Therefore, my party has designated the method of nomination indicated below.
- ☐ The incumbent is not of my party **OR** is not seeking re-election and my party has designated the method of nomination indicated below.

[check one]

☐

Primary

☐

Nonprimary Method of Nomination [If known, specify method below and enter date, place and location]

**METHOD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DISTRICT CHAIRMAN

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
TYPED OR PRINTED NAME OF DISTRICT CHAIRMAN

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
ZIP

HOME AREA CODE

PHONE : ( ) \_\_\_\_\_

BUSINESS AREA CODE

PHONE : ( ) \_\_\_\_\_

HOUSE DISTRICT NO.: \_\_\_\_\_